

(Column 2)

FOR	NUMBERED	NUMBER EXTRA
BASE FEE (1) CFA 1.0000		
TOTAL CLAIMS (1) CFA 1.0000	18	
INDEPENDENT CLAIMS (1) CFA 1.0000	3	
MAX 18% INDEPENDENT CLAIM PRESENT		(1) CFA 1.0000

* If the difference in column 1 is 0, enter '0' in column 2

(Column 3)

AMENDMENT A	10/23/66	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (\$11 CFA + 14000)	20	Minus	20	1
	Indemnification (\$11 CFA + 15000)	7	Minus	8	-
TOTAL PRESENTATION OF MAXIMUM DEPENDENT CLAIM (\$11 CFA + 14000)					

FIRST PRESENTATION OF MILITARY DEPENDENT CLAIM (SICR 1507)

144

DATE	ADDITIONAL FEE
11-25	
11-100	
TOTAL ADDL FEE	

**TOTAL
ADDL FEE**

RATE	ADDITIONAL FEE
K 1 <u>50</u>	
K 1 <u>200</u>	
41	
TOTAL ADD. FEE	

**TOTAL
ADP/SEC**

AMENDMENT 8

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAING AFTER AMT HOLD IN 1		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total (37 CFR § 1402)	"	Minor	"		"
Independent (37 CFR § 1402)	"	Minor	"		"

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR § 1402)

FIRST PRESENTATION OF MULTIPLE DEPENDENT DATA (31 OCT 1968)

RATE	ADDITIONAL FEE
21 ____ °	
21 ____ °	
13 ____ °	
TOTAL ADDITIONAL FEE	

**TOTAL
ADDL FEE**

RATE	ADDITIONAL FEE
A. _____	
B. _____	
C. _____	
TOTAL ADDITIONAL FEE	

TOTAL
ADDITIONAL

AMENDMENT C

	(Column 1)		(Column 2)	(Column 3)
	CLAIMS RENUMBERED AFTER ALL CHARGES		HIGHEST NUMBER PREVIOUSLY PAID FOR	FRESH CLAIM
1941		Example	**	
1942				
Independent (1941 + 1942)		MINUS	***	

FIRST PRESENTATION OF A QUALIFYING CLAIM (1941 + 1942)

FIRST PRESENTATION OF A QUANTILE DEPENDENT CLAIM (31 CFR 1.1454)

RATE	ADDITIONAL FEE
1.1 _____	
2.1 _____	
4.1 _____	
TOTAL	ADDITIONAL FEE

TOTAL :
ADD REC

RATE	ADDITIONAL FEE
4.5 _____	
4.5 _____	
4.5 _____	
TOTAL ADDITIONAL FEE	

● 研究の進捗状況

- * If an entry in column 1 is less than the entry in column 2, enter "1" in column 3.
 * If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".
 * If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".
 * The "Highest Number Previously Paid For" (total or independent) is the highest number found in the appropriate line in column 1.

Item consists of an individual, was reviewed by 37 C.F.R. 1.41. The information requested in column 4 (claim a benefit in the future which is to be paid by the U.S. Patent Office) is an application for a benefit under the Social Security Act, 37 C.F.R. 1.41. The collection is extensive. It is a 12-month collection for the purpose of gathering, preparing, and submitting the information requested under the USFIO. It will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. (DO NOT SEND EFFS OR COMMENTS TO THE USFIO) APPENDIX B-101 Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

[illegible]

10/040, 717